

# MUMPS

## Simple choice

1. Choose the characteristic clinical sign for mumps:

- A. Pronounced catarrhal signs
- B. Swelling of the submaxillary lymph nodes
- C. Lacunar tonsillitis
- D. Swelling of the salivary glands
- E. Pharyngeal edema

2. Specify oral mucosa modification in mumps:

- A. Aphthae stomatitis
- B. Follicular tonsillitis
- C. "Raspberry" tongue
- D. Enanthema
- E. Mursou sign

3. Specify the change in cerebrospinal fluid in mumps meningitis:

- A. Albumin level from 3 to 5 g / l in CSF
- B. Neutrophilic pleocytosis
- C. Lymphocytic pleocytosis
- D. Mixed pleocytosis
- E. Increased glucose level in CSF

4. Select the common mumps complication:

- A. Follicular tonsillitis
- B. Purulent meningitis
- C. Purulent otitis
- D. Rheumatic fever
- E. Neuritis of the acoustic nerve

5. Write down the clinical sign that is **NOT** characteristic for swelling of the parotid gland in mumps:

- A. Bilateral
- B. Flabby, elastic
- C. Slightly painful
- D. Accompanied by fever
- E. Associated with skin redness

6. Choose the etiological agent of mumps:

- A. Bacteria
- B. Rickettsia
- C. Protozoa
- D. Viruses
- E. Mycoplasma

7. Indicate the symptom that is not characteristic for meningitis in mumps:
- A. Fever
  - B. Pronounced catarrhal signs
  - C. Headache
  - D. Neck stiffness
  - E. Positive meningeal signs
8. Select the disease where the Mursou sign is observed:
- A. Scarlet fever
  - B. Chickenpox
  - C. Measles
  - D. Mumps
  - E. Rubella
9. Mark the **WRONG** medical indication regarding the treatment of mumps in children:
- A. Bed rest
  - B. Antipyretics
  - C. Ferments
  - D. Antibiotics
  - E. Diet
10. Choose symptom of early diagnostic value in mumps parotitis:
- A. "Raspberry" tongue
  - B. Vesicles clustered on the jugular, gingival, lingual mucosa
  - C. Vesicles on palatine arches
  - D. Belsky-Filatov-Koplik sign
  - E. Mursou sign
11. Indicate the **WRONG** therapeutic indication in orchitis in mumps in children:
- A. Strict bed regime
  - B. Corticosteroids
  - C. Spasmolytics
  - D. Diuretics
  - E. Analgesics
12. Select the correct characteristics of parotitis in mumps:
- A. Bilateral, tough elastic, sensitive to touch, positive Mursou sign, painful on chewing
  - B. One-sided, hard, painful
  - C. Bilateral, very hard, painful, with purulent elimination from Stenon channel
  - D. Unilateral, nodular, painless
  - E. Bilateral, elastic, painless, crepitation
13. Indicate the symptom, which can be noticed in the mumps:
- A Pharyngeal edema
  - B. Lacunar tonsillitis

- C. Swelling of the submaxillary lymph nodes
- D. Pronounced catarrhal signs
- E. Swelling of the salivary glands

14. Specify mumps virus tropism:

- A. The lymphatic system
- B. Derma-tropism
- C. Glandular system, central nervous system
- D. Lymphoreticular system, endothelial and respiratory systems, less gastrointestinal system,
- E. The respiratory system, central nervous system

15. Mark the impossible location and replication of the mumps virus:

- A. Salivary glands
- B. Testicles
- C. Pancreas
- D. The central nervous system
- E. Skeletal system

16. Exclude incorrect mumps symptoms:

- A. Acute onset with fever
- B. Headache
- C. Pain in chewing
- D. Feeling painful tension in the parotid lodge
- E. Generalized vesiculobullous eruption

17. Identify the incorrect statement about mumps infection.

- A. The highest recorded incidence is in winter and spring.
- B. With the maximum frequency recorded in infants.
- C. Favorable outcome.
- D. Parotid involvement in 50% of cases.
- E. Acute onset with mild fever, pain in the retropharyngeal space, anorexia.

### **Multiple choice**

1. Select diseases that needs to be differentiated from the mumps submaxillitis:

- A. Scarlet fever
- B. Measles
- C. Submandibular adenitis
- D. Quinke edema
- E. Parotidian tumors

2. Specify the character of parotid swelling in mumps:

- A. Always bilateral
- B. Pasty, elastic
- C. Slightly painful

- D. Skin is unchanged
- E. Skin hyperemia

3. Characterize orchitis in mumps:

- A. Always bilateral
- B. More often unilateral
- C. Acute pain in testicle
- D. Testicular edema
- E. Fluctuation

4. Please indicate the criteria for the treatment of mumps with glucocorticosteroids in children:

- A. Severe glandular form
- B. Unilateral submaxillitis
- C. Orchitis, orhoepididimitis
- D. Meningitis, meningoencephalitis
- E. Mumps with moderate pancreatitis

5. Characterize parotid swelling in mumps:

- A. Always unilateral
- B. It produces pain in chewing
- C. Has pasty consistency
- D. Pain in touch
- E. Abundant salivary secretion

6. Identify the clinical signs of mumps meningitis in children:

- A. Acute onset with fever (39-40 ° C)
- B. Headache, repeated vomiting
- C. Positive meningeal signs
- D. Flaccid paralysis
- E. Muscular atony

7. Indicate the principles of treatment for mumps parotiditis, mild form:

- A. Diuretics
- B. Bed rest for 7-10 days
- C. Warm dry applications on affected salivary glands
- D. Food regime adapted to digestive tolerance, fluid food
- E. glucocorticosteroids

8. Identify important signs to confirm the diagnosis of pancreatitis in mumps:

- A. Pronounced headache
- B. Pain in the abdomen (epigastrium with back irradiation and right and left hypochondria)
- C. Pronounced fever (39-40°C)
- D. Constipation or diarrhea
- E. Amylasuria, amylasemia

9. Indicate the biological material for the virological investigation in mumps

- A. Bile
- B. Saliva
- C. Blood
- D. Stool
- E. Cerebrospinal fluid

10. Specify the treatment in moderate pancreatitis in mumps:

- A. Intravenous infusions
- B. Corticosteroids
- C. Ferments
- D. Strict bed regime
- E. Diet № 5

11. Select maladies for differential diagnosis of mumps meningitis:

- A. Tuberculous meningitis
- B. Enteroviral meningitis
- C. Meningococcal meningitis
- D. Herpetic meningitis
- E. Pneumococcal meningitis

12. Select true statements concerning prognosis of mumps infection in children:

- A. The prognosis is good; fatalities (through encephalitis) are exceptional.
- B. The evolution is more severe in children than in adults.
- C. The prognosis is unfavorable; fatalities (through encephalitis) are common.
- D. Deafness may be sequel of acoustic nerve neuritis
- E. Sterility/ infertility may be the result of bilateral orchitis.

13. Select the extrasalivatory involvements in mumps:

- A. Tonsillitis
- B. Orchitis
- C. Meningitis
- D. Pancreatitis
- E. Cervical adenitis

14. Select the signs that are **NOT** characteristic for mumps:

- A. Fever
- B. Swelling of the salivary glands
- C. Hard consistency, painful parotid glands
- D. Leukocytosis with neutrophilia
- E. Hyperemia of the skin

15. List the diseases with bilateral parotiditis:

- A Salivary lithiasis
- B. Mumps
- C. Toxic parotitis

- D. Mikulicz syndrome
- E. Suppurate parotitis

16. Select diseases for differential diagnosis for mumps orchitis:

- A. Gonococcal orhoepididimitis
- B. Varicocele
- C. Inguinal hernia
- D. Fenicular cordis tumor
- E. Coxsackie virus orchitis

17 Indicate the peculiarities in mumps infection in infants under 1 year:

- A. Is rare
- B. More often accompanied by meningitis
- C. More commonly it affects the parotid glands
- D. Favorable evolution/outcome
- E. High lethality

18. Specify the correct statements about mumps submaxilitis:

- A. It is characterized by moderate pain and swollen of submaxillary glands.
- B. It is accompanied by congestion and swelling of Wharton duct orifice.
- C. More commonly associated with the involvement of the parotid gland.
- D. It is unilateral.
- E. It is treated with metronidazole.

19. Identify the correct statements about mumps orchitis.

- A. Orchitis in mumps occurs frequently between 14 and 17 years old children.
- B. It usually occurs after 4-5 days after the onset of mumps.
- C. The testicle is swollen and painful, and the scrotum is edematous and hyperemiated.
- D. It is always bilateral.
- E. It starts slow.

20. Select clinical forms of mumps infection, which **DOES NOT** constitute indication for corticosteroids:

- A. Mumps encephalitis
- B. Mumps orchitis
- C. Sublinguitis
- D. Mumps pancreatitis (moderate form)
- E. Mumps meningitis (moderate form)

21. Select the characteristic morphological data of the mumps orchitis:

- A. Inflammation of germ cells
- B. Lymphoplasmocitary cell infiltrate
- C. Interstitial edema marked with serofibrin exudate
- D. Multinucleated giant cells
- E. Pronounced epithelial desquamation

22. Specify histological aspects which may occur in the central nervous system in mumps infection:

- A. Predominantly perivascular lymphoplasmocytic cell infiltration
- B. Subarachnoid hemorrhage
- C. Changes of acute aseptic meningitis type (lymphocytic) in mumps meningitis
- D. Neural injury in mumps encephalitis
- E. Babes-Negri corpuscles in 30% of neurons

23. Specify the extrasalivar locations rarely found in mumps infection:

- A. Oophoritis
- B. Submaxillitis
- C. Dacryoadenitis
- D. Mastitis
- E. Orchitis

24. Characterize the peculiarities of sublingual gland involvement in mumps:

- A. Rarely isolated form
- B. Moderate pain and swelling of the sublingual glands
- C. Often associated with submaxillitis or parotitis
- D. Pronounced catarrhal signs
- E. Usually bilateral

25. Choose basic clinical syndromes in mumps in children:

- A. Pancreatitis
- B. Meningitis
- C. Orchitis
- D. Tonsillitis
- E. Otitis

26. Exclude clinical signs that are **NOT** characteristic for mumps orchitis:

- A. Fever
- B. Pronounced inguinal adenitis
- C. Testicular edema
- D. Fluctuation
- E. Splenomegaly

27. Specify the character of the cerebrospinal fluid in mumps meningitis:

- A. Transparent
- B. Cloudy, greenish
- C. Normal or slightly increased protein level
- D. Lymphocytic pleocytosis
- E. Neutrophilic pleocytosis